COCONINO COUNTY SUPERINTENDENT OF SCHOOLS Coconino County Regional Accommodation School District #99

110 East Cherry Avenue • Flagstaff, Arizona 86001 • phone (928) 779-6591 • fax (928) 779-6571

PERSONAL DATA

POSITION DESIRED (circle one)	Date:				
, ,	Noma				
Secretarial/clerical	Name:Last		First	Middle	
Custodial/maintenance	Lust		11150	Wilde	
Teaching assistant	Address:			G	7.
Food service	Street		City /	State	Zip
Security	Phone: ()) Mes	
		Primary		Mes	ssage
Other	Social Security:			Date Available	e:
yes, when and in what capacity?					
lave you ever been dismissed from a	position or asked to r	resign?	Yes	☐ No	
f yes, please explain:					
A DDI TO A ME CHECKY TOT					
APPLICANT CHECKLIST		EQUAL	OPPORT	UNITY EMPLO	YER
Application				ntendent of School a n the basis of race, o	
Selective Service registration number		national origin, sex, age or disability in access or admissions to, success or treatment in, any of its educational programs			
Proof of immunization from measle	s/rubella unless	activities, or employment opportunities.			

Exempt because of age, medical, or religious reasons

List most recent experience first. "SEE RESUME" is not a sufficient response. Position: \square FT \square PT Dates: to Employer: Address: City/State Street Zip Phone: () Supervisor: Grades / Subjects: Nature of Work: Reason for Leaving: \Box FT \Box PT Position: Dates: _____ to _____ Employer:____ Address: _____ Street City/State Zip Phone: (_____) Supervisor: _____ Grades / Subjects: Nature of Work: Reason for Leaving: FT Position: Dates: to Employer: Address: Street City/State Zip Phone: (_____) Supervisor: ____ Grades / Subjects: Nature of Work: Reason for Leaving: Please use additional sheets if you need more space REFERENCES Please give names and addresses of three references who are familiar with your personality, character, and work performance. Name: Position: Phone: () Address: Street City / State Position: Name: Phone: (_____) Address: _____ City / State Street Position: Name: Address: Phone: (_____)

City / State

Zip

Street

PROFESSIONAL EXPERIENCE

EDUCATION Please list all schools attended, beginning with high school and continuing through graduate/professional degrees.

"SEE RESUME" is not a sufficient response Dates Attended to School: Major: Degree: Completed Expected When Address: Street City / State Zip School: Dates Attended to Major: Degree: Completed Expected When Address: ____ Street City / State Zip School: Dates Attended to Major: Degree: Completed Expected When Address: Street City / State Zip Undergraduate GPA____ Graduate GPA Hours beyond most recent degree____ Describe additional training not listed above: Are there other experiences, skills, and abilities that would especially qualify you for the position(s) indicated?_____ What languages do you speak other than English?_____ List computer programs you can use_____ **ACTIVITIES & HONORS** Professional organizations to which you belong: Leadership positions held:_____ Honors received: **BACKGROUND CHECK** Due to the tremendous responsibility Esperanza Accommodation SD #99 has to its school children and community, the following information is needed from all applicants and employees regarding convictions.* A conviction on record does not prohibit employment; however, failure to complete this form accurately may mean disqualification from consideration for employment or may be cause for dismissal if employed. Applicants must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Personnel Director. Please read carefully and answer every question. 1. Have you ever been convicted of a minor offense other than a traffic violation, or admitted to one in open court pursuant to a plea agreement? Yes No 2. Have you ever been convicted of a felony, or admitted to one in open court pursuant to a plea agreement? Yes No 3. Have you ever been convicted of a sex or drug-related offense, or admitted to one in open court pursuant to a plea agreement? Yes

Notarized ARS 15-512 Certification Form

Name	;	Position			
I,		being duly sworn, do hereby certify that I have never been			
(Convi	(Signature) icted of or admitted committing, am not now awaiting ses in the State of Arizona or similar offenses in any of Sexual abuse of a minor Incest First or second degree murder Kidnapping Arson Sexual assault Sexual exploitation of a minor Felony offenses involving contributing to the delinquency of a minor	g trial for committing any of the following criminal			
Subsc	Commercial sexual exploitation of a minor Felony offenses involving sale, distribution or transportation of offer to sell, transport or distribute marijuana or dangerous or narcotic drugs Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs. eribed, sworn to, and acknowledged before me by	 Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses 			
	e day of,				
In	County, State of				
(Seal)					
	Notary	Public			